

**January 1, 2025 - December 31, 2025
Secretarial (NON1)**

Gold Plan							
<i>Single = \$1,000 deductible - \$2,500 Total Out of Pocket Expense per calendar year</i>							
<i>Family = \$3,000 deductible - \$5,000 Total Out of Pocket Expense per calendar year</i>							
Coverage (24 Pay)	Cost	Monthly Contribution		Per Paycheck (24)		Annual	
		Board	Employee	Board	Employee	Board	Employee
Single	\$1,114.89	\$1,059.15	\$55.74	\$529.57	\$27.87	\$12,709.77	\$668.94
Single + Child	\$1,852.05	\$1,203.84	\$648.22	\$601.92	\$324.11	\$14,446.03	\$7,778.63
Single + Spouse	\$2,099.07	\$1,364.39	\$734.67	\$682.20	\$367.34	\$16,372.73	\$8,816.09
Family	\$2,416.68	\$1,570.84	\$845.84	\$785.42	\$422.92	\$18,850.13	\$10,150.07

Coverage (18 Pay)	Cost	Monthly Contribution		Per Paycheck (18)		Annual	
		Board	Employee	Board	Employee	Board	Employee
Single	\$1,486.52	\$1,412.20	\$74.33	\$706.10	\$37.16	\$12,709.77	\$668.94
Single + Child	\$2,469.41	\$1,605.11	\$864.29	\$802.56	\$432.15	\$14,446.03	\$7,778.63
Single + Spouse	\$2,798.76	\$1,819.19	\$979.57	\$909.60	\$489.78	\$16,372.73	\$8,816.09
Family	\$3,222.24	\$2,094.46	\$1,127.79	\$1,047.23	\$563.89	\$18,850.13	\$10,150.07

Silver Plan							
<i>Single = \$2,000 deductible - \$5,000 Total Out of Pocket Expense per calendar year</i>							
<i>Family = \$6,000 deductible - \$10,000 Total Out of Pocket Expense per calendar year</i>							
Coverage (24 Pay)	Cost	Monthly Contribution		Per Paycheck (24)		Annual	
		Board	Employee	Board	Employee	Board	Employee
Single	\$982.88	\$982.88	\$0.00	\$491.44	\$0.00	\$11,794.51	\$0.00
Single + Child	\$1,622.02	\$1,054.31	\$567.71	\$527.16	\$283.85	\$12,651.74	\$6,812.47
Single + Spouse	\$1,838.99	\$1,195.34	\$643.65	\$597.67	\$321.82	\$14,344.12	\$7,723.76
Family	\$2,206.25	\$1,434.07	\$772.19	\$717.03	\$386.09	\$17,208.79	\$9,266.27

Coverage (18 Pay)	Cost	Monthly Contribution		Per Paycheck (18)		Annual	
		Board	Employee	Board	Employee	Board	Employee
Single	\$1,310.50	\$1,310.50	\$0.00	\$655.25	\$0.00	\$11,794.51	\$0.00
Single + Child	\$2,162.69	\$1,405.75	\$756.94	\$702.87	\$378.47	\$12,651.74	\$6,812.47
Single + Spouse	\$2,451.99	\$1,593.79	\$858.20	\$796.90	\$429.10	\$14,344.12	\$7,723.76
Family	\$2,941.67	\$1,912.09	\$1,029.59	\$956.04	\$514.79	\$17,208.79	\$9,266.27

HSA High Deductible Plan							
<i>Single = \$3,200 deductible - \$6,400 Total Out of Pocket Expense per calendar year</i>							
<i>Family = \$6,400 deductible - \$12,800 Total Out of Pocket Expense per calendar year</i>							
Coverage (24 Pay)	Cost	Monthly Contribution		Per Paycheck (24)		Annual	
		Board	Employee	Board	Employee	Board	Employee
Single	\$978.18	\$929.27	\$48.91	\$464.63	\$24.45	\$11,151.24	\$586.91
Single + Child	\$1,614.27	\$1,049.28	\$565.00	\$524.64	\$282.50	\$12,591.32	\$6,779.94
Single + Spouse	\$1,830.19	\$1,189.62	\$640.56	\$594.81	\$320.28	\$14,275.44	\$7,686.78
Family	\$2,195.71	\$1,427.21	\$768.50	\$713.61	\$384.25	\$17,126.56	\$9,221.99

Coverage (18 Pay)	Cost	Monthly Contribution		Per Paycheck (18)		Annual	
		Board	Employee	Board	Employee	Board	Employee
Single	\$1,304.24	\$1,239.03	\$65.21	\$619.51	\$32.61	\$11,151.24	\$586.91
Single + Child	\$2,152.36	\$1,399.04	\$753.33	\$699.52	\$376.66	\$12,591.32	\$6,779.94
Single + Spouse	\$2,440.25	\$1,586.16	\$854.09	\$793.08	\$427.04	\$14,275.44	\$7,686.78
Family	\$2,927.62	\$1,902.95	\$1,024.67	\$951.48	\$512.33	\$17,126.56	\$9,221.99

Bronze High Deductible Plan							
<i>Single = \$3,350 deductible - \$6,450 Total Out of Pocket Expense per calendar year</i>							
<i>Family = \$6,450 deductible - \$12,900 Total Out of Pocket Expense per calendar year</i>							
Coverage (24 Pay)	Cost	Monthly Contribution		Per Paycheck (24)		Annual	
		Board	Employee	Board	Employee	Board	Employee
Single	\$846.95	\$804.60	\$42.35	\$402.30	\$21.17	\$9,655.21	\$508.17
Single + Child	\$1,385.45	\$0.00	\$1,385.45	\$0.00	\$692.72	\$0.00	\$16,625.37
Single + Spouse	\$1,572.35	\$0.00	\$1,572.35	\$0.00	\$786.17	\$0.00	\$18,868.15
Family	\$1,998.44	\$0.00	\$1,998.44	\$0.00	\$999.22	\$0.00	\$23,981.24

Coverage (18 Pay)	Cost	Monthly Contribution		Per Paycheck (18)		Annual	
		Board	Employee	Board	Employee	Board	Employee
Single	\$1,129.26	\$1,072.80	\$56.46	\$536.40	\$28.23	\$9,655.21	\$508.17
Single + Child	\$1,847.26	\$0.00	\$1,847.26	\$0.00	\$923.63	\$0.00	\$16,625.37
Single + Spouse	\$2,096.46	\$0.00	\$2,096.46	\$0.00	\$1,048.23	\$0.00	\$18,868.15
Family	\$2,664.58	\$0.00	\$2,664.58	\$0.00	\$1,332.29	\$0.00	\$23,981.24

HMO Plan							
<i>Single = \$0 deductible - \$1,500 Total Out of Pocket Expense per calendar year</i>							
<i>Family = \$0 deductible - \$3,000 Total Out of Pocket Expense per calendar year</i>							
Coverage (24 Pay)	Cost	Monthly Contribution		Per Paycheck (24)		Annual	
		Board	Employee	Board	Employee	Board	Employee
Single	\$913.54	\$867.86	\$45.68	\$433.93	\$22.84	\$10,414.36	\$548.12
Single + Child	\$1,577.68	\$1,025.49	\$552.19	\$512.75	\$276.09	\$12,305.90	\$6,626.26
Single + Spouse	\$1,777.29	\$1,155.24	\$622.05	\$577.62	\$311.03	\$13,862.86	\$7,464.62
Family	\$2,283.87	\$1,484.52	\$799.35	\$742.26	\$399.68	\$17,814.19	\$9,592.25

Coverage (18 Pay)	Cost	Monthly Contribution		Per Paycheck (18)		Annual	
		Board	Employee	Board	Employee	Board	Employee
Single	\$1,218.05	\$1,157.15	\$60.90	\$578.58	\$30.45	\$10,414.36	\$548.12
Single + Child	\$2,103.57	\$1,367.32	\$736.25	\$683.66	\$368.13	\$12,305.90	\$6,626.26
Single + Spouse	\$2,369.72	\$1,540.32	\$829.40	\$770.16	\$414.70	\$13,862.86	\$7,464.62
Family	\$3,045.16	\$1,979.35	\$1,065.81	\$989.68	\$532.90	\$17,814.19	\$9,592.25